



National Aeronautics and
Space Administration

Glenn Research Center

GUEST SPEAKER REQUEST

TO (Name and address or NASA installation)		FROM (Name and address of sponsoring organization)	
PHONE (216) 433-2003 FAX (216) 433-3601			
I. EVENT	NAME OR TITLE OF EVENT	DATE OF EVENT*	INDICATE TIME (AM/PM)
			TO BEGIN WILL END
	LOCATION (Name & address of hall, auditorium, etc., room, tel. no. if any)		SOCIAL HOUR
			INCLUDED? TIME (If Yes)
		<input type="checkbox"/> YES	
		<input type="checkbox"/> NO	
TYPE (Check one or more)			
<input type="checkbox"/> NATIONAL <input type="checkbox"/> REGIONAL <input type="checkbox"/> STATE <input type="checkbox"/> LOCAL <input type="checkbox"/> DINNER <input type="checkbox"/> LUNCHEON			
<input type="checkbox"/> ANNUAL <input type="checkbox"/> MONTHLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> SPECIAL (Explain in Remarks)			
II. SPEECH	TOPIC DESIRED SELECTED FROM ATTACHED LIST		Q&A PERIOD TO BE INCLUDED? <input type="checkbox"/> YES <input type="checkbox"/> NO
			TOTAL TIME ALLOWED FOR THIS SPEAKER
III. EQUIPMENT REQUESTOR CAN PROVIDE OR ARRANGE FOR	<input checked="" type="checkbox"/>	DESCRIPTION	<input checked="" type="checkbox"/>
		PUBLIC ADDRESS SYSTEM	LCD PROJECTOR
		LAVALIERE OR LAPEL MICROPHONE	SLIDE PROJECTOR (2 X 2 Inches)
		LECTERN	SCREEN (Enter type and/or size)
		LAPTOP COMPUTER	VCR (3/4", 1/2" Beta or VHS)
		VU-GRAPH/OVERHEAD PROJECTOR	LIGHT POINTER
		LASER POINTER	ROOM CAN BE DARKENED
IV. SCHEDULED SPEAKERS: On reverse side, list all speakers (including NASA) scheduled at this session in order of appearance, giving names and topics, if known.			
V. AUDIENCE	ANTICIPATED SIZE	COMPOSITION (Teachers, businessmen, general public, family, etc.)	
VI. EXCLUSIONS	Is, or will, any person, for reason of race, color, sex, religion or national origin, be excluded from or segregated within membership in sponsoring organization, attendance at event or any of the facilities housing this event? <input type="checkbox"/> YES (If "YES", explain on reverse) <input type="checkbox"/> NO		
VII. PUBLICITY	EVENT OPEN TO THE PRESS <input type="checkbox"/> YES <input type="checkbox"/> NO	SPEECH TO BE BROADCAST <input type="checkbox"/> YES <input type="checkbox"/> NO	PHOTO AND BIOGRAPHICAL SKETCH NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO
	SPEECH TO BE TAPED, FILMED, OR OTHERWISE RECORDED (If YES, briefly explain in this block) <input type="checkbox"/> YES <input type="checkbox"/> NO		
VIII. REMARKS	(Furnish any other significant information which may be helpful in the selection of an appropriate speaker, such as: Whether NASA speaker will deliver keynote address, participate in panel discussion, etc.; if there is a special purpose or objective or any unique feature involved. Continue comments on reverse side, if necessary).		
IX. CONTACT REPRESENTATIVE			
FULL NAME (Print)		ADDRESS (For sending reply)	TELEPHONE NO.
EMAIL			HOME: () OFFICE: () FAX: ()
SIGNATURE		ORGANIZATION TITLE OR AFFILIATION	TODAY'S DATE